



PSI/ASF's exhibition stand at 2012 International Fair of Kinshasa (FIKIN): A young girl carefully listens to an explanation on female condom use

**Advancing Social Marketing for Health in the Democratic Republic of Congo
Task Order # GHH-I-05-07-00062-00**

**Programmatic Annual Report
October 2011 – September 2012**

**Submitted by:
Population Services International
October 30th, 2012**



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I. Executive Summary

Organization: Population Services International (PSI)/Association de Santé Familiale (ASF)

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Program Title: Advancing Social Marketing for Health in the Democratic Republic of Congo

Agreement number: GHH-I-05-07-00062-00

Country: Democratic Republic of Congo

Time period: October 2011 – September 2012 (FY12)

Program Goal: To improve the health status of the people of the Democratic Republic of the Congo.

Program Purpose: To expand and build upon the achievements of USAID's previous social marketing programs in DRC by increasing the use of effective health products, services, and behaviors in the areas of HIV/AIDS/STI, family planning and reproductive health (FP/RH), maternal and child health (MCH) and water and sanitation.

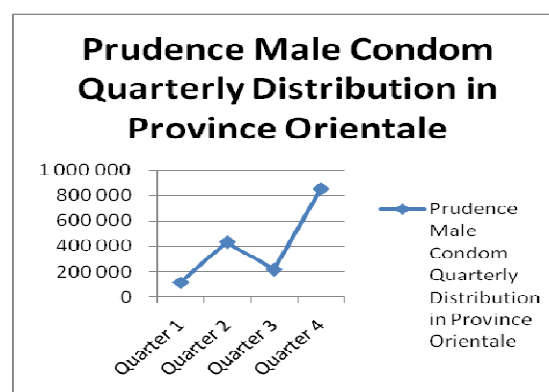
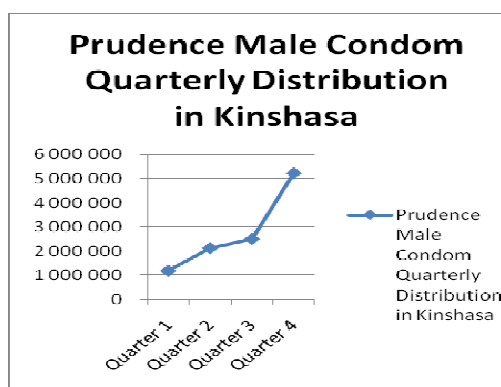
Program Objectives: The proposed program has four main objectives:

1. Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.
2. Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.
3. Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.
4. Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Key successes:

1. A total of 456 providers and supervisors from USAID and CDC's partners benefited from family planning capacity building under the PMTCT Acceleration Plan. Sessions took place in Kinshasa, Katanga, Bas-Congo, Sud-Kivu and Province Orientale.
2. The *100%Jeune* magazine was officially launched on February 9, 2012 in Kinshasa, with many young people in attendance. A top Congolese music star, PNLS, PNMLS, USAID and other USG partners were also present.

3. In Q3 FY12, the MSM project was also launched in Kinshasa, with the identification of an MSM leader, organization of meetings with MSM, identification of 20 MSM candidates for peer education and selection of 7 MSM peer educators.
4. The distribution of combined pills, Combination-3, started in Q1 FY12. In Q3, this product was registered as *Confiance* Combination-3, and since then it has been packaged and distributed under that brand.
5. The indicator related to water purifiers, i.e. number of liters of water disinfected with point-of-use home water treatment solutions, was surpassed (357%). The main reason for this was the increased use of water purifiers during the cholera outbreaks in Equateur, Bas-Congo and other provinces.
6. *Prudence*[®] male and female condoms' new TV and radio spots, respectively named "Vrai Djo" and "Protection au féminin", were developed and broadcast during this fiscal year FY12. Apart from radio and TV media, billboards targeting the general population and truckers were also used to increase the impact of this new campaign. As the graphs show below, the use of billboards, which started in Q3, had significantly increased male condom distribution both in Kinshasa and in Province Orientale.



7. Financial and technical quarterly reports were submitted to USAID on time.
8. The Year 3 targets for male and female condoms were both achieved, respectively at 102.85% and 137.55%.
9. The Year 3 FP product distribution targets were also achieved except for oral contraceptives (due to registration delays).

II. Description of activities performed

TASK 1: Increase the supply and diversity of health products and services that are to be distributed and delivered through the private sector, in conjunction with the public sector, for disease prevention and control as well as integrated health service delivery.

Cross-cutting activities

1. Training workshops were held in Kinshasa, in Q2 FY12, for the benefit of communication, clinics network, sales and M&E managers from all the provincial offices. According to the recipients, the skills they acquired through this training have helped them organize their work in the field.

2. The distribution network was expanded to fast moving consumer goods distributors and their networks in Kasai Occidental (Magasin Oudney dans Dieu Seul Espoir based in Kananga), Kasai Oriental (Final Boutique based in Mbuji-mayi), Sud-Kivu (Sharcom based in Bukavu) and Kinshasa (NILU and LD).
3. Pharmacies were removed from the *Confiance* social franchising network in order to expand distribution outlets in basic communities. These retail pharmacies will be replenishing their stocks with pharmaceutical wholesalers. Since only partner clinics remain in the network, PSI/ASF staff has focused its efforts on activities related to maintaining the quality-assurance of service provided through the network.
4. Commercial wholesalers effectively distributed products in Kinshasa, as well as in provinces, since all of them continued to order products and had a significant stock rotation.
5. The number of sales force teams increased. PSI/ASF's visibility in the field was thus improved, points of sale that were not operating were replaced in distribution sites, and coverage was expanded.

HIV/AIDS/STI

1. At the beginning of FY12, there was a quantity of 3,160,352 male condoms stored throughout the different PSI/ASF's national and provincial warehouses. From October 2011 to September 2012, PSI/ASF successively received 30,000,000 male condoms in the first quarter, 3,999,000 male condoms in the second quarter and 55,998,000 male condoms in the last quarter. A total of 19,861 units were used for testing purposes and 34,971,641 were distributed in the different targeted provinces and health zones. 2,500,000 were given out with USAID/DRC's approval to DoD/DRC for its HIV prevention program targeting the military. At the end of FY12, there was a total quantity of 55,665,850 male condoms in stock and 329 units from overstock.
2. At the beginning of FY12, there was a total quantity of 222,840 female condoms in stock throughout the different PSI/ASF national and provincial warehouses. From October 2011 to September 2012, PSI/ASF received 700,000 female condoms in the first quarter, 500,000 in the second quarter and 462,900 in the last quarter. From this stock, 125 female condoms were used for sampling and testing requested by local health regulations for quality assurance control, and 1,819,694 female condoms were distributed through existing networks and female-friendly condom distribution outlets like hairdressing and beauty shops for women.
3. A comparison of Q4FY11 (male: 12,865,951; female: 425,760) and Q1FY12 (male: 2,672,861; female: 156,987) distribution figures of Prudence[®] male and female condoms revealed a large decrease, mainly due to the following reasons:
 - Small quantity of stock available at the end of FY11 in provinces, and some provinces such as Kinshasa, Katanga and Bas-Congo had a complete stock out of Prudence[®] male and/or female condoms during Q1 FY12.
 - The political situation, specifically the organization of presidential and parliamentary elections, did not facilitate the achievement of our objectives during FY11's last quarter. Indeed, because of socio-political instability, access to intervention areas was difficult as there was confrontation between partisans of some political parties and the police, and gatherings were prohibited during and after the election period.

4. With regard to the rural strategy, some additional points of junction were identified, and PSI/ASF distributed kits (containing condoms and water purifiers) to mobile sales outlets during Q2FY12.
5. The following tables highlight the distribution of male condoms by province during FY12 and the inventory on hand at the end of September 2012:

Table 1: Male condoms distribution by province from October 2011 to September 2012

Provinces	PRUDENCE HOMME YEAR 3 DISTRIBUTION				TOTAL YEAR 3	Stock available, end of September 2012
	Q1	Q2	Q3	Q4		
KINSHASA	1 200 960	2 130 030	2 509 110	5 228 865	11 068 965	51 383 905
KATANGA	0	1 806 087	1 614 996	2 337 102	5 758 185	99 735
BAS CONGO	320 625	262 665	695 790	1 330 560	2 609 640	442 305
SUD KIVU/NORD KIVU	379 710	790 695	1 574 694	1 479 060	4 224 159	1 024 551
PROVINCE ORIENTALE	113 940	434 025	217 448	865 297	1 630 710	506 250
EQUATEUR	24 300	34 020	85 500	304 110	447 930	278 370
KASAI OCCIDENTAL	336 326	187 156	3 048 786	1 211 714	4 783 982	1 116 504
KASAI ORIENTAL	297 000	186 795	1 971 135	1 993 140	4 448 070	814 230
TOTAL	2 672 861	5 831 473	11 717 459	14 749 848	34 971 641	55 665 850

Table 2: Female condoms distribution by province from October 2011 to September 2012

Provinces	PRUDENCE FEMME YEAR 3 DISTRIBUTION				TOTAL YEAR 3	Stock available, end of September 2012
	Q1	Q2	Q3	Q4		
KINSHASA	48 400	153 000	449 600	410 205	1 061 205	9 143
KATANGA	0	20 400	28 220	29 396	78 016	40 784
BAS CONGO	30 000	12 000	25 280	22 600	89 880	120
SUD KIVU/NORD KIVU	53 187	1 850	30 521	38 943	124 501	3 256
PROVINCE ORIENTALE	0	2 400	702	880	3 982	6 818
EQUATEUR	0	0	5 000	3 200	8 200	5 800
KASAI OCCIDENTAL	20 400	7 500	88 900	44 000	160 800	0
KASAI ORIENTAL	5 000	48 600	178 310	61 200	293 110	0
TOTAL	156 987	245 750	806 533	610 424	1 819 694	65 921

Family Planning

1. The distribution of combination oral contraceptive pills started in December 2011 after receiving the overbranding authorization for Combination 3 in mid-Q1FY12. At the beginning, Combination-3 pills were distributed as generic products. Thereafter, in Q3FY12, these pills were distributed under the *Confiance* brand. The Microlut's registration is still pending at the MoH's 3rd Directorate. Consequently, there has been no distribution of progestin-only pills.

2. A programmatic workshop was held in Kinshasa for building field teams' capacities. At this workshop, sales teams were instructed to introduce *Confiance* contraceptives through pharmaceutical wholesalers as described in the Year 3 USAID-approved project priorities.
3. In Q3FY12, the number of community-based educators was increased from 45 to 145 to reinforce FP activities and boost indicators.
4. The tables below show the contribution of each of the provinces targeted by the project in achieving distribution objectives, from October 2011 to September 2012.

Table 3: COC (Duofem) distribution by province from October 2011 to September 2012

Provinces	COC (Combi-3) YEAR 3 DISTRIBUTION				TOTAL YEAR 3	Stock available, end of September 2012
	Q1	Q2	Q3	Q4		
KINSHASA	158 700	130 470	222 771	142 005	653 946	1 731 954
KATANGA	0	20 000	90 538	30 306	140 844	75 156
BAS CONGO	0	10 408	22 700	19 400	52 508	292
SUD KIVU/NORD KIVU	0	10 910	97 890	61 530	170 330	41 470
PROVINCE ORIENTALE	0	2 300	6 610	3 450	12 360	11 640
EQUATEUR	0	2 400	8 500	1 700	12 600	43 800
KASAI OCCIDENTAL	0	4 806	53 194	7 000	65 000	29 300
KASAI ORIENTAL	4 800	2 400	11 010	23 655	41 865	22 645
TOTAL	163 500	183 694	513 213	289 046	1 149 453	1 956 257

Table 4: Injectables (DMPA) distribution by province from October 2011 to September 2012

Provinces	INJECTABLE (DMPA) YEAR 3 DISTRIBUTION				TOTAL YEAR 3	Stock available, end of September 2012
	Q1	Q2	Q3	Q4		
KINSHASA	22 080	37 996	35 424	46 102	141 602	191 835
KATANGA	0	6 720	7 548	4 622	18 890	6 310
BAS CONGO	4 400	1 490	3 110	6 130	15 130	10 800
SUD KIVU/NORD KIVU	2 710	5 650	5 450	5 500	19 310	5 608
PROVINCE ORIENTALE	740	1 850	2 730	1 610	6 930	910
EQUATEUR	430	652	2 570	2 190	5 842	7 358
KASAI OCCIDENTAL	1 494	1 366	8 884	1 520	13 264	10 480
KASAI ORIENTAL	20	1 088	5 170	6 360	12 638	12 942
TOTAL	31 874	56 812	70 886	74 034	233 606	246 243

Table 5: IUD distribution by province from October 2011 to September 2012

Provinces	IUD YEAR 3 DISTRIBUTION				TOTAL YEAR 3	Stock available, end of September 2012
	Q1	Q2	Q3	Q4		
KINSHASA	241	136	276	92	745	2 947
KATANGA	38	62	169	58	327	148
BAS CONGO	35	84	76	25	220	37
SUD KIVU/NORD KIVU	221	460	85	54	820	101
PROVINCE ORIENTALE	18	20	18	27	83	20
EQUATEUR	15	17	23	21	76	82
KASAI OCCIDENTAL	38	56	294	90	478	60
KASAI ORIENTAL	25	109	121	34	289	166
TOTAL	631	944	1 062	401	3 038	3 561

Table 6: Cycle Beads distribution by province from October 2011 to September 2012

Provinces	CYCLE BEADS YEAR 3 DISTRIBUTION				TOTAL YEAR 3	Stock available, end of September 2012
	Q1	Q2	Q3	Q4		
KINSHASA	55	332	1 631	496	2 514	82 262
KATANGA	0	260	496	44	800	500
BAS CONGO	0	124	370	55	549	0
SUD KIVU/NORD KIVU	0	241	7 259	445	7 945	155
PROVINCE ORIENTALE	29	33	191	0	253	500
EQUATEUR	0	142	87	171	400	480
KASAI OCCIDENTAL	0	159	241	300	700	480
KASAI ORIENTAL	4	286	210	230	730	220
TOTAL	88	1 577	10 485	1 741	13 891	84 597

Table 7: Jadelle (Implants) distribution by province from October 2011 to September 2012

Provinces	JADELLE (IMPLANTS) YEAR 3 DISTRIBUTION				TOTAL YEAR 3	Stock available, end of September 2012
	Q1	Q2	Q3	Q4		
KINSHASA	283	82	593	195	1 153	673
KATANGA	0	50	72	50	172	100
BAS CONGO	32	5	43	69	149	52
SUD KIVU/NORD KIVU	221	415	981	35	1 652	369
PROVINCE ORIENTALE	0	0	0	0	0	300
EQUATEUR	0	0	0	0	0	0
KASAI OCCIDENTAL	10	3	652	135	800	370
KASAI ORIENTAL	6	48	36	10	100	50
TOTAL	552	603	2 377	494	4 026	1 914

- During FY12, 192,087 CYPs were generated from *Confiance* products: 1,149,453 COCs; 233,606 3-month injectables; 3,038 IUDs; 13,891 CycleBeads; and 4,026 *Jadelle* implants. This distribution represents PSI/ASF's contribution to the prevention of unwanted pregnancies among the target group, thus increasing the contraceptive prevalence in DRC.
- During FY12, regular supervisions continued to be carried out by PSI/ASF staff in USAID-supported sites with focus on IEE regulations, quality insurance of counseling and FP care given to clients in the *Confiance* network. These regular visits, with particular emphasis on micro trainings, help to improve the capacity of PSI/ASF-trained providers in partner clinics and pharmacies. They also serve to regularly supply network members in order to ensure contraceptive methods availability. Apart from frequent visits to partner service delivery points (and trained providers) conducted by PSI/ASF's provincial staff in the areas of intervention, satisfactory national supervision visits took place in Kinshasa, Katanga, Bas-Congo, Sud-Kivu and both Kasais to ensure the smooth running of activities at the operational level. Their goal was not only to support trained providers in their daily activities, but also to strengthen the existing collaboration with the government in order to achieve the assigned objectives to benefit the target population.

Maternal & Child Health

CDK

- At the beginning of the reporting period, a quantity of 12,849 CDKs (*Délivrants*[®]) were in stock. During FY12, 16,583 CDKs were distributed in the provinces covered by PSI/ASF.
- The following table highlights the distribution of *Délivrants*[®] by province during FY12, and the inventory on hand at the end of September 2012:

Table 8: Clean Delivery Kits distribution by province from October 2011 to September 2012

Provinces	CLEAN DELIVERY KITS YEAR 3 DISTRIBUTION				TOTAL YEAR 3	Stock available, end of September 2012
	Q1	Q2	Q3	Q4		
KINSHASA	172	23	13	1 104	1 312	0
KATANGA	456	486	868	2 313	4 123	572
BAS CONGO	105	208	470	186	969	220
SUD KIVU/NORD KIVU	345	1 751	1 210	3 292	6 598	421
PROVINCE ORIENTALE	36	41	119	103	299	166
EQUATEUR	101	93	91	57	342	121
KASAI OCCIDENTAL	50	22	448	1 380	1 900	260
KASAI ORIENTAL	828	16	90	106	1 040	0
TOTAL	2 093	2 640	3 309	8 541	16 583	1 760

DTK

- USAID granted the waiver for the procurement of *Ora-Zinc* in Q3FY12. The new manufacturer, FDC Limited from India, was then selected, and an order for 700,000 kits was placed.

2. To have the product registered by the MoH, its technical file is required, and PSI/ASF is still waiting for the manufacturer to send it.
3. Given the above-mentioned factors, it was not possible to test and ship DTKs to the provinces during this fiscal year as initially planned.

Water and Sanitation

1. From October 2011 to September 2012, a total of 3,730,437 sachets of PUR and 8,843,949 tablets of Aquatabs were distributed in USAID-targeted provinces and provincial capitals (Kinshasa, Katanga, Sud-Kivu, Bas-Congo, Province Orientale, Equateur, Kasai Occidental and Kasai Oriental). PUR and Aquatabs were distributed to health centers, pharmacies, retailers, wholesalers, NGOs and households. For household distribution, PSI/ASF's sale agents created demand and directed populations to existing and new points of sale. An important amount of POU products were distributed in emergency situations by NGOs and UNICEF during cholera outbreaks along the Congo River, including Bas-Congo, Equateur and Kinshasa, and significantly pushed demand and distribution beyond the FY12 targets.
2. In Q3FY12, the physical inventory revealed a surplus of 254 Aquatabs tablets, and that quantity was entered into stock. Unfortunately, in Q4, a total of 5,550 sachets of PUR and 42,400 tablets of Aquatabs were stolen during a burglary of the PSI/ASF office in Mbandaka. Security measures were identified to minimize such risks in the future, such as adding another security guard and reinforcing the office fence. In addition, 30,720 tablets of Aquatabs were lost in Kisangani due to a vehicle accident.
3. The following tables highlight the distribution of products by province during FY12, and the inventory on hand at the end of September 2012:

Table 9: PUR distribution by province from October 2011 to September 2012

Provinces	PUR YEAR 3 DISTRIBUTION				TOTAL YEAR 3	Stock available, end of September 2012
	Q1	Q2	Q3	Q4		
KINSHASA	731 472	156 480	215 760	115 609	1 219 321	2 682 588
KATANGA	137 520	36 612	93 960	231 756	499 848	257 112
BAS CONGO	25 440	83 280	50 640	14 400	173 760	92 640
SUD KIVU/NORD KIVU	25 242	169 809	151 749	126 516	473 316	206 124
PROVINCE ORIENTALE	14 160	13 680	52 800	34 176	114 816	200 160
EQUATEUR	19 080	562 440	22 080	62 412	666 012	111 558
KASAI OCCIDENTAL	47 520	47 520	136 320	82 160	313 520	40 720
KASAI ORIENTAL	20 640	90 720	115 680	42 804	269 844	2 880
TOTAL	1 021 074	1 160 541	838 989	709 833	3 730 437	3 593 782

Table 10: AQUATABS distribution by province from October 2011 to September 2012

Provinces	AQUATABS YEAR 3 DISTRIBUTION				TOTAL YEAR 3	Stock available, end of September 2012
	Q1	Q2	Q3	Q4		
KINSHASA	2 331 360	764 320	1 004 928	932 200	5 032 808	74 552
KATANGA	39 520	80 048	159 952	246 560	526 080	3 840
BAS CONGO	44 960	85 120	108 064	43 040	281 184	178 400
SUD KIVU/NORD KIVU	453 520	389 936	188 101	269 040	1 300 597	72 320
PROVINCE ORIENTALE	39 680	46 720	58 400	48 640	193 440	2 136
EQUATEUR	323 440	289 600	246 680	157 280	1 017 000	35 560
KASAI OCCIDENTAL	83 360	64 032	89 056	59 840	296 288	44 480
KASAI ORIENTAL	23 840	56 872	62 080	53 760	196 552	0
TOTAL	3 339 680	1 776 648	1 917 261	1 810 360	8 843 949	411 288

Table 11: Task 1 Indicators: Situation of FY12

	INDICATORS ¹	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
1	Number of male condoms distributed through the USG funded social marketing programs	34,000,000	34,971,641	102.85	Achieved
2	Number of female condoms distributed through the USG funded social marketing programs	1, 322,840	1,819,694	137.55	Achieved
3	Liters of water disinfected with point of use home water treatment solution through the USG funded social marketing programs	60,000,000	214,201,750	357.00	A significant number of POU products were distributed by NGOs during cholera outbreaks (about 60%).
5	Number of clean delivery kits distributed through the USG funded social marketing programs	18,008	16,583	92.08	As this product is being phased out from PSI/ASF's stock, an effort will be made at the beginning of the next fiscal year to make sure the small quantities remaining are totally sold out, and its distribution will be discontinued. Throughout the year, the promotion and communication around this product has been very limited.
6-1	Number of cycles of oral contraceptives (COMBI 3) distributed through the USG funded social marketing programs	1,530,282	1,149,453	75.11	This product was received late due to registration delays with the DRC government and subsequent blockages due to the election and post-election environment. However, the ASF/PSI team made an exceptional effort to attain 75% of the target, with the products becoming available for distribution within the framework of informed choice of contraceptives. Towards the end of the fiscal year community-based distribution was also introduced.
6-2	Number of cycles of oral contraceptives (MICROLUT) distributed through the USG funded social marketing programs	270,000	0	0	Stock not yet received. Bayer is still in the process of having the product registered in DRC. Stock out since FY10.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	217,960	233,606	107.17	Achieved
8	Number of IUDs distributed through the USG funded social marketing programs	2,750	3,038	110.47	Achieved
9	Number of Cycle Beads distributed through the USG funded social marketing programs	6,000	13,891	231.51	As the action of community-based educators was stepped up, the demand for CycleBeads increased.
10	Number of implants distributed through the USG funded social marketing programs	2,500	4,026	161.04	This is a new method introduced within the range of contraceptives already distributed. How the population will accept the method was not very certain. Target setting was conservative to understand the response of the clients.
11	CYP	208,659	192,087	92.05	The unavailability of Microlut and the late reception of Combi-3 account for the non achievement of 100% of the CYP target set for this fiscal year.

¹ Any missing indicator in the table has no target to be reported for year 2 project.

TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.

Cross-cutting activities

1. The World AIDS Day (December 1st) was not commemorated as usual because of the political situation in the country. Neither PNMLS nor PNLs organized activities during the month of December 2011.
2. In partnership with the MoH, UNICEF, and other partner members of the WATSAN Cluster, PSI/ASF organized a World Toilets Day (November 19th) event under the theme “We deserve better.” Sensitizations in markets, schools, churches, health centers were carried out by PSI/ASF’s communication agents in collaboration with local NGOs and community-based educators. On October 15th, PSI/ASF shared in activities related to the celebration of the Global Hand washing Day.
3. In Q2 FY12, PSI/ASF, alongside government partners organized the celebration of International Women’s Day. The theme chosen in DRC was: “Invest in Rural Woman and Young Girls for the Best Future”. During this event, PSI/ASF raised women’s awareness on a range of PSI/ASF’s socially marketed products.
4. In Q3 FY12, PSI/ASF sent to USAID its new media campaigns consisting of Prudence male (“Vrai Djo”) and female (“Protection au féminin”) condoms radio and TV spots, and PUR and Aquatabs radio and TV spots. The same was done with posters.
5. PSI/ASF was among the participants in the 2012 International Fair of Kinshasa (FIKIN) held from July 14 to August 19, 2012. This was a highly visible opportunity to exhibit PSI/ASF’s products and services, promoted and distributed with USAID funding. PSI/ASF’s stand was located just at the entrance of FIKIN, and the following results were achieved:
 - 73,980 *Prudence*[®] male condoms were sold
 - 32,280 people were reached with HIV prevention message through mass communication activities
 - As part of joint activities with ProVIC, these people were referred to ProVIC’s stand for voluntary HIV counseling and testing
 - 300 copies of the *100%Jeune* magazine were sold
6. PSI/ASF sent various communication materials (leaflets, posters, radio/TV spots and magazines) to the following programs of GDRC’s Ministry of Health (MoH):
 - Programme National Multisectoriel de Lutte contre le SIDA (PNMLS)
 - Programme National de la Santé de la Reproduction (PNSR)
 - Programme National de Lutte contre les Maladies Diarrhéiques (PNLMD)
 - Programme National de la Santé des Adolescents (PNSA)

HIV/AIDS/STI

1. After pretesting, *Prudence*[®] male and female condoms' new TV and radio spots, respectively named "Vrai Djo" and "Protection au féminin", have been broadcast since May 2012.
2. The film *Amah Dja Foule* (which raises CSWs awareness on condom use, VCT uptake, and, if possible, quitting prostitution for other income-generating activities), translated in four local languages (Lingala, Swahili, Tshiluba, and Kikongo), has been broadcast since Q4 FY12 on national and local broadcasting channels.
3. Due to budget constraints, the short film to be screened outdoors for truckers was not produced.
4. Billboards advertising the new *Prudence*[®] condom and targeting the general population have been used in Kinshasa and Province Orientale. To reach truckers, billboards were placed on the following roads: Kinshasa/Bas-Congo, Lubumbashi/Kasumbalesa, Mbuji-Mayi/Kananga and Bukavu/Uvira.

100%Jeune

1. The launch ceremony of the *100%Jeune* magazine took place in Q2 FY12 in the presence of about 500 young people, as well as USAID's representatives and other partners. During this fiscal year, three issues were released.
2. The *100%Jeune* TV spot was broadcast on local and national TV channels to inform the public about the existence of the magazine as well as the release of the latest issue. This strategy helps to enhance the profile of this youth-focused magazine.
3. Youth clubs were set up in each province (Kinshasa, Katanga and Sud-Kivu) to ensure that after special events are held, there is ongoing awareness-raising through peer education.
4. After the "Génies en herbe" contest, which was organized last quarter in Sud-Kivu to test students' general knowledge and the level of their knowledge of HIV and AIDS, two concerts were organized: one in Kinshasa on July 28th, 2012 and another in Lubumbashi on September 2nd, 2012. This was done to educate youth through entertainment during the summer holidays, often an idle period for many of them. The first one was the finals of the "Voice Gospel Show," a contest that choirs from various municipalities of the capital participated in. The second one was held in Katanga with artist RJ Kanierra, a young rapper who is well-known and liked among young people in Lubumbashi. During these concerts, youth were sensitized through the *100%Jeune* magazine and various talks on the dangers of HIV and AIDS. Furthermore, a big soccer match was organized in Kasumbalesa (Province of Katanga) in which two teams, mainly composed of Kasumbalesa's pupils, played. Partner NGOs (AJIS, RACOF), which target youth, were involved in the organization of these events. In addition, the city departments in charge of youth (Division urbaine de la jeunesse) were involved, such as in Bukavu.
5. Tee-shirts, caps, etc., with *100%Jeune* logo were produced and distributed during the above-mentioned events.

IPC

1. During this fiscal year, PSI/ASF organized refresher trainings for all the 10 NGOs it collaborates with in order to increase their capacity to conduct IPC sessions. Furthermore, seven other partner organizations were trained in Bukavu, Lubumbashi, Kananga, Mbuji-Mayi and Boma to continue awareness-raising campaign activities through IPC. Peer educators, who are members of partner NGOs, continued to conduct IPC sessions with project-targeted groups and mobile video sessions with the general population. They also consistently refer their peers to existing VCT centers in project-targeted provinces. A significant number of people were referred during PSI/ASF and ProVIC joint activities, since the presence of ProVIC's mobile VCT unit attracted more candidates to testing.
2. 365 new PEs were selected and trained in collaboration with PNLS and local partner NGOs in 7 provinces (Bas-Congo, Kasai Oriental, Kasai Occidental, Katanga, Kinshasa, Province Orientale, and Sud-Kivu).
3. In collaboration with PNLS, PSI/ASF retrained 197 existing PEs out of the 200 who were scheduled to be trained, including 120 males and 77 females, to enhance the strategy of the delivery of prevention messages to target groups (youth, CSWs, truckers and uniformed personnel) in accordance with national standards. The 3 remaining PEs who were not available during the retraining period were trained by their supervisors.
4. During this fiscal year, refresher and training modules for PEs were updated thanks to the technical assistance provided by PSI/Rwanda. This update was also done in collaboration with the PNLS.
5. The MSM project was launched in Kinshasa for which the following activities were done: identification of an MSM leader, organization of meetings with MSM, identification of 20 MSM candidates for peer education, and selection and training of 7 MSM peer educators, with one of them supervising the others.

Family Planning

1. At the request of USAID, PSI/ASF contributed to the implementation of the “FP capacity building for PMTCT acceleration plan” by providing FP training to 456 providers and supervisors, i.e. 366 providers and 90 supervisors, from USAID’s partner (ProVIC) and CDC’s partners (UNC, EGPAF and ICAP). Moreover, the 90 supervisors received additional training on facilitative supervision and training techniques to ensure continued skill-strengthening of their partners who implement FP activities. The table below shows the number of trained participants per province and support partner.

PARTNERS	PROVINCE					Number of people trained	Planned total of people to be trained	% target achieved
	Kinshasa	Katanga	Bas-Congo	Sud-Kivu	Prov.Or			
EGPAF	38	11				49	49	100
PROVIC	27	51	40	17	19	154	159	97
UNC	64				10	74	72	102
ICAP	103	57				160	170	95
SCOGO	4					4		
ASF/PSI			1			1		
UNAC	2					2		
PNSR	10	2				12		
TOT	248	121	41	17	29	456	450	102

2. The FP flipchart was revised during this fiscal year in collaboration with PNSR.
3. Promotional materials, including 29,000 leaflets explaining *Confiance* products and 2012 calendars were delivered at PSI/ASF’s main warehouse and distributed in partner clinics, pharmacies and during IPC sessions, etc.
4. Existing FP generic spots were broadcast, and two radio programs that were recorded to leverage users’ testimonials and correct false beliefs were aired in Kinshasa. PSI/ASF’s provincial offices produced radio programs with different radio stations in their respective provinces in order to facilitate communication (spoken language and interactivity with listeners). The following themes were discussed during these programs: correcting false beliefs and addressing rumors, promoting FP and the *Confiance* range of FP products, involving men in FP, and testimonies from users of contraceptive methods.
5. Due to IPC activities conducted with the support of community-based educators, a total of 317,909 persons were reached with the message about the importance of FP in health, the location of service delivery points, the promotion of the hotline for questions related to clients care and the promotion of long-term methods. These activities were conducted during home visits and educational talks in local communities.

Table 12: Number of people reached through FP interpersonal communication, by province from October 2011 to September 2012

Number of people reached through FP interpersonal communication, FY12									
Provinces	Q1		Q2		Q3		Q4		TOTAL
	Men	Women	Men	Women	Men	Women	Men	Women	
KINSHASA	22	182	4 267	13 642	10 980	25 160	23 714	60 456	138 423
KATANGA	71	30	1 491	9 846	1 925	12 567	2 926	21 274	50 130
BAS CONGO	13	242	405	2 780	775	3 802	2 353	10 576	20 946
SUD KIVU	28	196	144	6 184	108	5 997	2 916	7 532	23 105
NORD KIVU							1 019	7 419	8 438
PROVINCE ORIENTALE	0	0	462	1 600	626	2 075	2 325	7 553	14 641
EQUATEUR	202	498	144	606	512	2 593	525	2 867	7 947
KASAI OCCIDENTAL	0	0	1 099	4 513	3 050	7 165	3 016	9 327	28 170
KASAI ORIENTAL	19	109	1 156	4 267	998	6 007	2 435	11 118	26 109
TOTAL PER SEX	355	1 257	9 168	43 438	18 974	65 366	41 229	138 122	
TOTAL	1 612		52 606		84 340		179 351		317 909

- The PSI/ASF's field staff, the partners in the *Confiance* network, and the trained community-trained educators continued to promote the two hotline numbers (+243 81 080 00 00 and +243 99 300 30 01) and distribute printed communication materials listing these hotline numbers so as to extend access to FP information to the targeted groups. They also referred potential users to the *Confiance* network's clinics and pharmacies for adequate support. The hotline, which aims to improve access to information on FP, reported 8,940 calls from men (67.4%) out of a total of 13,263 calls during FY12. A monthly analysis of the questions asked was carried out to improve IPC activities.
- The hotline was equipped with software to facilitate the computer-based management of the FP hotline's data.

Table 13: Number of calls received by FP hotlines from October 2011 to September 2012

Number of calls received by FP hotline, FY12									
Provinces	Q1		Q2		Q3		Q4		TOTAL
	Men	Women	Men	Women	Men	Women	Men	Women	
KINSHASA	384	463	332	481	726	878	645	733	4 642
KATANGA	834	107	630	65	775	133	512	122	3 178
BAS CONGO	92	66	76	53	109	70	103	88	657
SUD KIVU	67	12	66	15	83	30	75	42	390
NORD KIVU	59	13	42	10	33	13	34	39	243
PROVINCE ORIENTALE	85	17	105	16	97	33	111	46	510
EQUATEUR	155	52	94	38	105	29	107	44	624
KASAI OCCIDENTAL	225	28	201	74	171	52	180	56	987
KASAI ORIENTAL	136	37	114	36	109	25	200	40	697
MANIEMA	116	5	124	9	113	8	91	24	490
BANDUNDU	155	48	138	54	177	37	153	81	843
OTHERS	1	1	0	0	0	0	0	0	2
TOTAL PER SEX	2 309	849	1 922	851	2 498	1 308	2 211	1 315	
TOTAL	3 158		2 773		3 806		3 526		13 263

- Counseling sessions, organized for couples or individuals of reproductive age in network clinics, created a framework for conversations on FP, its importance in health and the available contraceptive methods including condoms, which offer dual protection, as well as long-term

methods. As shown in the table below, 84,210 people benefited from the counseling sessions thanks to FP providers, indicating men's special interest (21.70%) in birth spacing and prevention of unwanted pregnancies.

Table 14: Number of people reached through FP counseling activities, by province from October 2011 to September 2012

Number of people reached through FP counseling visits, FY12									
Provinces	Q1		Q2		Q3		Q4		TOTAL
	Men	Women	Men	Women	Men	Women	Men	Women	
KINSHASA	1 460	9 641	1 285	5 905	1 271	6 494	1 484	9 015	36 555
KATANGA	317	2 376	232	2 097	1 013	1 515	222	2 106	9 878
BAS CONGO	273	962	465	942	177	530	193	637	4 179
SUD KIVU	121	433	28	572	58	855	1 955	927	4 949
NORD KIVU							135	2 022	2 157
PROVINCE ORIENTALE			303	504	106	549	216	1 145	2 823
EQUATEUR	11	52	21	60	31	92	40	129	436
KASAI OCCIDENTAL	452	1 549	510	2 156	816	2 726	1 344	2 314	11 867
KASAI ORIENTAL	1 120	1 376	1 009	1 389	642	2 201	966	2 663	11 366
TOTAL PER SEX	3 754	16 389	3 853	13 625	4 114	14 962	6 555	20 958	
TOTAL	20 143		17 478		19 076		27 513		84 210

9. Of all clients who received care in partner service delivery points during this year, there were 26,159 new FP clients for modern contraceptive methods.

Table 15: Number of new FP clients, by province, from October 2011 to September 2012

Number of new FP clients, FY12									
Provinces	Q1		Q2		Q3		Q4		TOTAL
	Men	Women	Men	Women	Men	Women	Men	Women	
KINSHASA	0	2 336	0	1 749	0	2 109	0	3 730	9 924
KATANGA	0	674	0	972	0	967	0	849	3 462
BAS CONGO	0	268	0	295	0	379	0	594	1 536
SUD KIVU	0	296	0	505	0	719	0	651	2 171
NORD KIVU							0	493	493
PROVINCE ORIENTALE			0	126	0	323	0	382	831
EQUATEUR	0	261	0	228	0	284	0	484	1 257
KASAI OCCIDENTAL	0	1 518	0	723	0	940	0	850	4 031
KASAI ORIENTAL	0	348	0	297	0	359	0	1 450	2 454
TOTAL PER SEX	0	5 701	0	4 895	0	6 080	0	9 483	
TOTAL	5 701		4 895		6 080		9 483		26 159

10. In the implementation of activities during FY12, 34 technical meetings were organized by PSI/ASF's provincial staff with partner clinics to discuss the progress of their activities in terms of success and difficulties faced in providing FP service and products.

Maternal & Child Health

CDK

The CDK short film for MVU produced during FY11 was broadcast by 3 national TV stations (RTG@, RTNC and *Digital*) to increase communication impact and create demand (5 broadcasts of the *Délivrans* short film).

DTK

1. Ora-Zinc[®] and diarrhea radio/TV spots have been produced and will be aired next year when the product is launched.
2. Communication materials (posters, leaflets, flipcharts, etc.) for the launch of the Ora-Zinc[®] campaign were finalized and produced during this fiscal year.
3. The selection of trainers of trainers before launching the distribution of Ora-Zinc[®] is contingent on the availability of the product in the country, which is expected in approximately 7 months. The MoH is involved in the process since the beginning.

Water and Sanitation

1. The training manual for community-based distribution agents was finalized and approved by the MoH. To finalize this manual, PSI/ASF worked with experts from the National Program for Diarrheal Diseases Control (PNLMD) and those from the MoH's General Secretariat.
2. In FY12, a total of 13,390 interpersonal communication (IPC) sessions were conducted by communication agents in local markets, mobile video units, health clinics (during ante and post-natal sessions), churches and schools; and by community volunteers, with door to door awareness raising activities. A total of 571,522 people, including mothers and caregivers with children under five, students, etc., were reached with messages on: household water treatment, water and diseases, drink potable water, protecting our children, safe water storage, healthy environment, etc.
3. Radio and TV spots with messages promoting safe drinking water, hygiene and sanitation were aired 405 and 270 times, respectively, on both rural and urban radio stations for behavior change communication and demand creation.
4. The PUR children's cartoon, produced with P&G funding and approved by the MoH during a workshop held at PSI/ASF's national office during FY11, was broadcast by 3 national TV stations (RTG@, Digital and RTNC) in December 2011 (Q1) while many children were at home on Christmas holidays. This communication tool promotes both point-of-use water treatment with PUR and good hygiene. The existing PUR TV spot was aired during the summer holidays.
5. New communication campaigns for PUR and Aquatabs were finalized and broadcast beginning on March 15, 2012. The PUR children's cartoon was broadcast in January. Promotional and advertising items (stickers) were produced.
6. A cholera outbreak was ongoing in Equateur, Bandundu and Kinshasa since Q3 FY11. PSI/ASF, in partnership with the MoH and other partners involved in the WATSAN field (UNICEF, MSF, WHO, Red Cross, etc.) conducted outreach activities with the community leaders (from churches, ports, markets, etc.) in exposed and affected health zones in Mbandaka (Wangata and Mbandaka Health Zones) and Kinshasa (Maluku 1, Kingabwa, Barumbu, Ngaba, etc.). Cholera prevention messages (hand washing, water treatment before drinking, safe water storage, latrine use and cleaning and other hygienic behaviors) and treatment messages (leading

the identified and suspected patients to the treatment centers, rehydration, etc.) were selected and used during awareness raising activities.

In October 2011, in partnership with the MoH, PSI/ASF launched a free distribution campaign of about 600,000 sachets of PUR and heightened awareness in the 2 most affected health zones in Kinshasa, Maluku 1 and Kingabwa, which account for 60% of the cholera cases. This was done through a special activity, named “*12 jours avec l’eau potable*” (i.e. 12 days with drinking water), for preventing cholera. All the households were targeted. Community health workers from the 2 health zones led this activity after a half-day of training.

Table 16: Task 2 Indicators: Situation of FY12

	INDICATORS	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
12	Number of people reached during HIV/AIDS activities who are oriented to VCT site	11,252	34,595	307.45	Combined mass communication actions with ProVIC contributed to the increased number of persons visiting VCT sites.
13	Number of individuals reached with individual and/or small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	23,442	20,450	87.23	Partner NGO training/retraining on use of new communication modules took longer than anticipated to complete. The late start of activities in Kisangani is another factor to take into account.
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	19,666	37,278	189.55	Due to interest manifested by target population, partner NGOs conducted more sensitization sessions than planned.
15	Number of targeted condom service outlets	7,152	7,152	100	Points of sale are cumulative.
16	Number of individuals who participated in communitywide event focused on HIV/AIDS	340,000	378,236	111.24	Achieved
17	Number of media outlets including HIV/AIDS messages in their program	39	42	107	Achieved. Instead of the target of 49, as mentioned in previous reports, a correction was made. In fact, the number should have been 36 + 3 (Kinshasa-Kisangani extension), i.e 39.
18	Number of media broadcasts that promote responsible sexual behavior	12,986	12,753	98.20	Some selected media outlets delayed in providing feedback or signing contracts which were required in order broadcast in their outlets.
19	Number of peer educators who successfully completed an in-service training program	365	365	100	All PEs have been trained.
20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	5	5	100	Achieved
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (Depo provera)	45	0	100	Service delivery points sufficiently supplied
22	Numbers of people reached during outreach activities promoting the use of water purifier products	250,000	571,522	228.60	Due to cholera outbreaks, more outreach activities were conducted.

25	Percentage of delivery points reporting stock-out of water purifier at any time	20%	0	100	No stock out has been reported to the project by PSI/ASF's direct clients (wholesalers)
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TASK 3: Develop and/or enhance the ability of commercial/private sector entities to socially market health products and services including behavior change communication activities.

Cross-cutting

1. All NGOs that received refresher training from PSI/ASF, and those that received in-service training, continued to conduct communication activities (IPC and MVU sessions) under the supervision of PSI/ASF communication staff

Table 17: Task 3 Indicators: Situation of FY12

	INDICATORS	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	10	10	100	Achieved

TASK 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community levels through joint planning with the GDRC, other United States Government (USG), and non-USG partners.

Cross-Cutting

1. In FY12, PSI/ASF technical teams met four times with the COTR to monitor project progress, discuss challenges and solutions, and address commodities issues.
2. In April 2012, a delegation from USAID carried out a supervision visit of activities implemented in Kolwezi and Kasumbalesa by its partners (IHP, ProVIC and PSI/ASF). The delegation recommended that PSI/ASF's provincial office speed up the implementation of the rural strategy and make necessary efforts to catch up the delay in achieving project indicators' targets. They also encouraged close collaboration with other partners.
3. PSI/ASF organized and hosted two 5- day workshops with the MoH and other partners involved in child survival interventions to develop a strategic plan to scale-up effective treatment of pneumonia, diarrhea and malaria, focusing specifically on pneumonia and diarrhea, because there is less funding available for their treatment. The scale-up is scheduled to take place through both the public and private sector and at the community level. This initiative (named Essential Medicines Initiative) is supported by a high-level working group under the leadership of UNICEF and with participation from the Bill and Melinda Gates Foundation (BMGF), the Clinton Health Access Initiative (CHAI), the United Nations Secretary General Special Envoy for malaria (UNSE), Population Services International (PSI), John Snow, Inc, (JSI), Management Sciences for Health (MSH) and other partners and was launched on September 20th, 2011 by Ray Chambers, the UNSE, at the UNSG. The main goal of the initiative is to achieve the Millennium Development Goals 4 (MDG 4) consisting in reducing child mortality

to 66/1,000. Ten high-burden countries (India, Nigeria, The Democratic Republic of Congo, Pakistan, Ethiopia, Tanzania, Uganda, Bangladesh, Kenya and Niger) with around 60% of child mortality are targeted by this initiative. In DRC, PSI/ASF was chosen by the international working group as the focal point to lead the discussion and develop the nationwide distribution plan.

4. The Minister of Health sent a letter to Katanga's mining companies to encourage them to collaborate with PSI/ASF to conduct activities that will improve their populations' health. Some of them expressed their interest after receiving a concept note from PSI/ASF.
5. PSI/ASF held one Board of Directors' meeting during which the list of the members was revised in order to have a more representative and open board, and the achievements of ASF's institutional development were presented. This took place in October 2011 during the visit of Mr. Karl Hofmann, PSI CEO, to DRC. He also visited the USAID/DRC mission.
6. PSI/ASF participated in different workshops organized in provinces under PNMLS' coordination to evaluate HIV activities and to prepare the operational plan for 2012. On August 31th, 2012, PNMLS, PSI/ASF, and other NGOs involved in the fight against HIV/AIDS, held a technical meeting to prepare the 2012 World AIDS Day (WAD). Participants had to validate the terms of reference and set up the organizing committee of the WAD. The Executive Secretary of PNMLS reminded the audience of the theme for this year (the same as last year's): "Zero new infections, zero discrimination and zero AIDS-related deaths."
7. Coordination meetings were held with PNMLS, PNLS and other partner NGOs in Lubumbashi, Mbuji-Mayi, Matadi and Bukavu to ensure post-training follow-up of partner NGOs' peer educators. The aim was to assess the implementation of recommendations from post-training supervision.
8. PSI/ASF and ProVIC held joint activities during the PEPFAR Deputy Principals' site visits in January 2012. In June, PSI/ASF and ProVIC met at the national level to discuss the possibility of strengthening their collaboration. Joint technical meetings were held with ProVIC to develop a program of joint activities at the Kinshasa International Fair, which was held from July 14 to August 19, 2012.
9. PSI/ASF's FP staff attended meetings of the Permanent Multisectoral Technical Committee, which was established for advocating the repositioning of FP in DRC. This indicates that PSI/ASF contributes to GDRC's efforts in that matter. One of the items on the agenda of the Committee's meeting in August 2012 was the debriefing on the joint business trip (PSI/ASF, PNSR and SCOGO) made at PSI/Zambia early August 2012 to get informed about PPIUD success factors in Zambia.
10. PSI/ASF attended the October WATSAN cluster monthly meetings under UNICEF's lead. These meetings were mainly focused on the cholera outbreak in DRC.

Capacity Building & Assessments

1. The PEs and PEs' supervisors for the 10 NGOs selected were trained to carry out BCC activities related to HIV for the target populations including youth, CSWs, truckers, and uniformed personnel.

2. After assessing the organizational capacity of the selected 9 NGOs and reporting the results of the assessment, PSI/ASF's partner, Social Impact, built these groups' organizational capacity through strategic planning and results-based management workshops. In the last quarter, two SI consultants (Mr. Roger Katondo and Mr. Jean-Paul Banewa) conducted a mission with the Women's Muakaji NGO to develop with them a new administrative and financial procedural manual, as part of the ongoing capacity building process.

Table 18: Task 4 Indicator: Situation of FY12

	INDICATOR	Year 3 Targets	Year 3 Achievement (numbers)	Year 3 Achievement (%)	Comments
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	110	105	95.45	Ongoing

Research, Monitoring and Evaluation

Cross-cutting activities

1. Various communication materials were pretested: a radio/TV spot on correct treatment of diarrhea, as well as radio/TV spots for PUR, Aquatabs and CDK (*Delivrans*).
2. The QED group was subcontracted to perform the external mid-term evaluation with an approved international consultant in the Year 3 scope of work for this task order. However, PSI was informed that the QED Group needed to terminate their subcontract with PSI due to a conflict of interest stated in Amendment 3 of the USAID Global Health Technical Assistance RFP, solicitation number SOL-OAA-12-000025: "In accordance with the principles of FAR Subpart 9.5 and USAID policy, the contractor shall be ineligible to furnish, as a prime or subcontractor or otherwise, Global Health implementation services under any contract, task order, cooperative agreement, or grant for the life of this contract." USAID subsequently identified an international consultant, Lucy Mize, to conduct the mid-term evaluation with the assistance of two local consultants. The team started its field activities on September 11, 2012, interviewing key people, conducting documentary research and focus groups with various target groups in the following provinces: Bas-Congo, Katanga, Kasai Oriental and Kinshasa.
3. For the Willingness-to-Pay survey, which will assess the price of *Prudence*[®] male condoms, its protocol and the recruitment of interviewers (field workers) in Kinshasa and Lubumbashi were effectively completed. Data collection and analysis will take place next quarter.

HIV/AIDS/STI

1. The Flash FoQus study was conducted in Kinshasa to determine the color and scent of the new condom (*Prudence*[®] *Sensuel*). Its results were sent to USAID, enabling USAID to order the new condom.
2. After obtaining approval from the local Ethics Committee, PSI/ASF trained six interviewers (anthropologists and psychologists) in qualitative data collection for the repositioning of the *Prudence*[®] condom (FoQus on Marketing Planning). After collecting data and producing

transcripts, the analysis of data regarding the “brand perception for the Prudence® male condom among urban population aged 25-45 in DRC” was done with the participation of the following departments: Research, Monitoring and Evaluation, Marketing, and HIV. Field staff also participated. As a result, PSI/ASF took into consideration the following recommendations:

- Organize activities promoting the importance of the protection provided by correct condom use;
- Improve Prudence® quality by reducing the thickness of the condom and the amount of the lubricant it contains;
- Make Prudence® available across the country;
- Organize promotional activities to reduce the social stigma associated with condom sales or purchases, and especially make people aware of risks related to sex with casual partners.

Family Planning

1. PSI/ASF submitted the protocol of the “Exit Interview” study to the Ethics Committee, obtained its approval, and trained nine interviewers who later collected data in Kinshasa and Mbuji-Mayi (Kasaï Oriental). These data were entered, processed and analyzed. A draft report of the survey, which contains all results, is available.

III. Project Management

1. In October 2011 (Q1 FY12), PSI CEO Karl Hofmann made a management supervision trip to the DRC. During his visit, PSI/ASF held one Board of Directors’ meeting during which the list of the members was revised in order to have a more representative and open board, and the achievements of ASF’s institutional development were presented. It was an opportunity for him to strengthen PSI/ASF managers’ capacity and also to visit the USAID/DRC mission.
2. On November 30th, 2011, USG’s partners (represented by their COPs) met at PSI/ASF. Each partner presented its FY11 results and the PEPFAR priorities as highlighted in Secretary of State Hilary Clinton’s speech were presented. .
3. To improve program management and quality of FP service delivery, two FP team members attended the FP International Conference held in Dakar in Q1, and the subsequent technical meeting organized by PSI/Washington for PSI staff present in Senegal. These meetings, which featured a series of presentations on best practices and lessons learned in FP, helped identify some practices which are applicable to the country context, such as conducting IPC sessions targeting clinical providers to increase the distribution of long-acting methods, the improvement of FP service Quality-Assurance (a factor that increases FP service attendance), etc.
4. PSI/ASF attended, the International Conference on AIDS and STIs in Africa (ICASA 2011) in Addis-Ababa, Ethiopia from December 1st to December 9th, 2011. The poster featuring the work PSI/ASF is doing with Bukavu’s military was displayed at the Conference.
5. In order to revitalize the *Confiance* network, which includes partner clinics, PSI/ASF’s FP staff made an exchange visit to PSI/Mali in Q2 since this platform is experienced in organizing and maintaining a social franchise network. Lessons learned from this mission will help increase the

FP services attendance rate and improve FP products distribution system through the existing network.

6. In Q2, PSI/ASF's FP technical staff made an exchange visit to PSI/Benin. That visit focused on the process of improving the quality of FP services and products by complying with the 5 quality-assurance standards, namely: technical competence, client satisfaction, informed choice, privacy/confidentiality and continuity of care. Additional lessons learned included points to take into account when organizing a programmatic audit of FP activities, and facilitative supervision also directed at other categories of clinics personnel (logisticians, cleaners, etc.) who are involved in the safety and satisfaction of clients.
7. In Q2, PSI/ASF's MCH Director visited PSI/Cameroon and will apply lessons learned from this exchange visit about ORS and Zinc distribution, such as ensuring communication on proper management of diarrhea with ORS and Zinc in order to create informed demand; advocating with the GDRC for the strengthening of communication on social marketing so as not to be confused with merchants; providing the PSI/ASF Marketing, Communication and Sales Department (MCSD) with all technical and strategic elements and to let it manage all marketing matters related to ORS/Zinc.
8. In February 2012, communication managers attended a workshop whose goal was to clarify expectations regarding communication via mass media and identify the tools required to carry out activities. Communication teams are now well equipped to organize IPC and mass activities, and monitor related indicators.
9. During the same month, provincial clinic managers in the *Confiance* network attended a capacity building workshop held in Kinshasa in order to promote FP in accordance with quality-assurance standards. The workshop focused on two aspects: training of trainers, including notions on supervision of FP activities, and discussions on best practices and lessons learned about the process of improving quality in FP.
10. Another workshop was held in Q2 to build provincial sales managers' capacity.
11. During the quarter, provincial managers in charge of monitoring-evaluation of field activities in areas of PSI/ASF's intervention in DRC underwent capacity building training with the goals of:
 - Improving skills in monitoring-evaluation of activities carried out by local NGOs that work with PSI/ASF in the implementation of project's activities;
 - Harmonizing and understanding indicators that are used and reported against;
 - Standardizing tools for collecting and reporting data.
12. Needed equipment (air conditioners, furniture, computer and computer accessories, 4-wheel-drive vehicles, etc.) was purchased for program implementation.
13. In Q2, PSI/ASF received an STTA from PSI/Nairobi to strengthen its partnership with the 9th Directorate of the MoH regarding the integration of point-of-use water treatment in its 2012 annual action plan. This important aspect of hygiene was barely mentioned as a simple prevention method in the national policy on fighting diarrheal diseases. However, it has now been included in the training guide on diarrhea treatment using ORS.

14. In Q2, PSI/ASF received an STTA from PSI/Rwanda to update the HIV prevention training modules for PEs, facilitate a TOT workshop, and provide the new HIV/TB Director an overview of PSI's approaches for implementing HIV programs.
15. In April 2012, Willy Onema attended the PSI/WCA workshop for new Research and M&E Directors in Benin. He benefited from capacity building in PSI's research methods (quantitative and qualitative with emphasis on research ethics) which will help him oversee various studies planned within the framework of this project.
16. PSI/ASF's FP technical staff satisfactorily completed the online course "USAID FP Legislative and Policy Requirements" on regulations related to the delivery of FP service/products to target groups. Certificates of completion of the course were transmitted to USAID/DRC in Q3. Lessons learned are continuously shared with PSI/ASF's provincial teams, CBEs and service providers to comply with the donor's FP requirements.
17. PSI/ASF participated in the commemoration of World Water Day on April 22, instead of in March as scheduled. This activity was prepared and conducted in collaboration with the Bas-Congo's 9th Bureau of the Provincial Inspection of Health.
18. From April 25 to May 25, 2012, PSI/Washington organized the Leadership in Reproductive Health training for the benefit of concerned program managers from ten French-speaking countries. Thanks to SIFPO funding, PSI/ASF was represented by two local staff: its MCH Director (Albert Chikuru) and MCH Deputy Director (Gaby Kasongo). The nature of knowledge imparted (basic essentials on management and leadership, strategic vision, performance improvement process, specific and practical issues related to reproductive health, design and use of marketing plan, and compliance) boosted participants' capacities in program management in general and reproductive health programs in particular.
19. In April 2012, PSI/ASF received the first quality-assurance (QA) audit of FP service carried out by PSI/Washington technical team. They visited some network clinics in Kinshasa and Bas-Congo in order to assess compliance with five standards of service quality delivered to women of reproductive age, namely: technical competence, client safety, informed choice, privacy/confidentiality and continuity of care. In order to implement audit recommendations, which is part of QA improvement; joint supervisions of the network clinics were organized and actually conducted with PNSR and project-targeted health zones in nine provinces. The analysis of various reports revealed some weaknesses as to the compliance with the five standards mentioned above that require an action plan in order to maintain and improve service quality in the upcoming months. PSI/ASF has developed its plan and will monitor progress next year to ensure that these recommendations have been taken into account.
20. In April 2012, after acquiring new stock management software to improve stock and sales management, certain PSI/ASF staff members attended training sessions about the use of this software.
21. As part of capacity building in project management, in May 2012 two PSI/ASF's staff members traveled to Israel to participate in training on the community-based management of HIV infection. They benefited from coaching to develop and defend a project on "Improving the Use of HIV Voluntary Counseling and Testing Services in Homosexual Settings."

22. In May 2012, Annie Michèle, Head of PSI/Cameroon HIV-TB Department, came for an exchange visit with DRC's *100%Jeune* team. Since PSI/Cameroon's *100%Jeune* has many years of experience, it was fitting to learn from them. She even proposed that the DRC's *100%Jeune* be present at the CEMAC countries' regional youth forum on HIV scheduled in December 2012 in Yaoundé, Cameroon.
23. In May 2012, consultant John Justino conducted a Platform Assessment Tool/Performance Improvement Process (PAT/PIP) STTA. The objective was to complete the platform's second Platform Assessment Tool (PAT) process and deliver completed PAT templates with action plans. The staff also completed the platform's first Performance Improvement Process (PIP) in order to identify as a team the root causes of PSI/ASF's highest priority performance problems and, jointly with selected senior and middle managers, develop detailed plans to address them in the next six to twelve months. At the end of that process, participants agreed to ensure implementation and tracking of progress on PAT and PIP action plans/work plans quarterly.
24. In May 2012, Ms. Abra Pollock, project manager for Social Impact's subcontract with PSI/ASF, visited Kinshasa in order to: (1) provide supervision and technical assistance to the Social Impact (SI) team to ensure quality in SI's capacity building services, (2) strengthen the relationship between SI and PSI/ASF so as to more effectively coordinate SI's role on the project, (3) better understand the needs of the SI team, in order to provide more effective and efficient management and project backstopping from SI HQ in Washington, DC, (4) make contact with other local organizations, individuals and structures that can collaborate with SI on capacity building services and (5) more deeply understand the local NGOs that are being supported through SI capacity building to become PSI/ASF's service delivery partners.
25. From June 13 to June 14, 2012, PSI/ASF participated in an advocacy meeting for funding family planning in DRC. This meeting, held for donors and technical partners, was marked by discussions about the theme developed by PSI/ASF: "The FP *Confiance* Network: Experience with Pharmacies and Clinics." Apart from this presentation, PSI/ASF exhibited its products and conducted IPC sessions for participants who visited its stand. These FP promotion activities demonstrate PSI/ASF's commitment to contribute to the efforts of the GDRC that listed FP as one of the priorities of its program as indicated in the Growth and Poverty Reduction Strategy Paper 2 (GPRSP-2).
26. PSI/WCA Regional Researcher Joseph Inungu conducted an STTA in Q2 and trained field workers, including interviewers and data codification agents, for the FoQus on Marketing Planning study to reposition the *Prudence*[®] condom. He also developed for PSI/ASF the study design for the Willingness to Pay survey.
27. From July 24 to July 28, 2012, PSI/ASF organized a capacity building workshop in Lubumbashi for the benefit of its administration, finance and audit staff. The focus was on tools for inventory management and finance, ethics-related issues, procedures for managing human resources, issues in connection with audit and/or control of management, leadership, as well as discussions on the strengths, weaknesses, and recommendations from provinces.
28. PSI/WCA Regional Researcher Joseph Inungu was in DRC from August 7 to 12, 2012 to facilitate a workshop on the analysis and interpretation of data from the FoQus on Marketing Planning qualitative survey about "brand perception for the *Prudence*[®] male condom among urban population aged 25-45 in DRC."

29. A delegation composed of representatives from PSI/ASF, PNSR and SCOGO made an exchange visit to PSI/Zambia in August 2012 to learn about the post partum IUD (PPIUD) insertion approach, so as to adapt it to the DRC context. They visited the Zambian office as well as the clinics where the program operates. They learned that the Zambian Ministry of Health supports the process of providing FP services and that PSI/Zambia provides important material support to PPIUD clinics. All these lessons helped PSI/ASF's FP team retool its approach of selecting five PPIUD clinics/maternity hospitals (3 from public sector and 2 private clinics from the *Confiance* network) in Kinshasa, determining the profile of trainers to be trained, etc. Lessons from this exchange visit were highlighted in a debriefing at the Permanent Multisectoral Technical Committee for FP repositioning meeting in August 2012.
30. On August 28-29, 2012, Dr. Didier Adjoua, COP, attended a 2-day provincial level Global Health Initiative meeting with the MoH in Lubumbashi. In addition to provincial government participation, a delegation from the national level MoH (Secretary General, PNLS Director, 3rd and 4th Directorates' representatives and DEP) was also present. This provided an opportunity for the MoH and USG to lay out their priorities for health in the coming year. It also allowed the provincial government an opportunity to learn more about the USG health strategy and USG partners' activities in the province, and allowed provincial and municipal officials an opportunity to provide input into the overall direction of USG's activities for the next year.
31. From September 10 to 16, 2012, two representatives of Hope Consulting, one of the subcontractors under this task order, visited PSI/ASF to help it strengthen its sales and distribution activities. They identified three areas of improvement: wholesaler efficiency, management of sales force and management of sales managers, which PSI/ASF is in the process of addressing.
32. On September 19, 2012, Dr. Didier Adjoua, COP, attended the meeting PEPFAR/DRC organized with its implementing partners in Kisangani. The Provincial Minister of Health, representatives from various government health programs (PNLS, PNMLS, PNSR, PNT, etc.) and CORDAID (Global Fund's sub recipient) were also present. During this meeting, an update on progress in Kisangani, an analysis of existing gaps in HIV services provided versus need, and a review of PEPFAR's implementing partners' portfolio were presented. The meeting re-affirmed that a coordinated approach between these partners and Global Fund's principal recipients was essential.
33. International consultant Lucy Mize spent four weeks (September 2-27) in DRC for the mid-term evaluation of the AIDSTAR project to assess the status of contractual indicators, and to provide guidance to the project for the remaining year. Her final report is expected next quarter (Q1 FY13).

IV. Problems / Challenges faced during the reporting period

During the reporting period, the project faced the following challenges:

1. In Q1 FY12, because of socio-political instability, access to our intervention areas was difficult. There was confrontation between partisans of some political parties and the police, and gatherings were prohibited during and after the election period. Therefore, reaching project objectives was difficult.
2. The complete stock out of progestin-only oral contraceptives (Ovrette) limited clients' free and informed choice, one of the major FP principles.
3. There was no registration for POP. Therefore, the POP target in the indicators needed to be reduced.
4. Bayer, Combination 3's manufacturer, was slow to provide its concurrence for the overbranding of this FP product. That delayed the production of appropriate packaging.
5. In Q2 FY12, wholesalers were reluctant to purchase female condoms whose expiration date is November 2012. Arrangements were made to distribute them free of charge.
6. A stock out of Prudence[®] female condoms has started (in some provinces, namely Bas-Congo and both Kasais), and had negatively impacted our achievements.
7. The issue of Aquatabs customs clearance is still pending.
8. The distribution of Ora-Zinc[®] could not be launched as scheduled in the work plan because of the delay in obtaining the waiver from USAID (June 2012). Since it takes about 9 months between ordering the product to delivery to distribution sites, PSI/ASF expects to launch the product no earlier than March 2013. All the preparatory steps have already taken place. Due to this delay, changes in contract targets as well as delays in all planned activities (communication, training for community-based distribution agents or CBDAs, etc.) are expected.
9. The startup of peer education activities was delayed in Kisangani due to lack of the mapping of local NGOs which are eligible for identification and selection of leaders and peer educator candidates.
10. The low capacity of local advertising agencies to develop social marketing media campaigns delayed the production of high quality communication materials (radio/TV spots) in connection with the AIDSTAR logframes objectives.
11. There was an increase of vehicle rental costs in order to achieve project's targets because the 3 newly purchased vehicles could not be used due to issues of exoneration and temporary license (IT) plates.

V. Environmental Mitigation (IEE)

1. As part of the management of waste generated by the delivery of FP services and products in partner clinics, waste bins were included in the set of materials distributed in the supported provinces.
2. During on-site visits and regular meetings with clinicians, the provincial FP staff regularly reiterates the national policy on biomedical waste management. PSI/ASF's provincial staff is making available the handbook entitled "Data sheet for injections and samplings safety, and biomedical waste management" in FP clinics for a continual application of this procedure in dealing with such waste.
3. PSI/ASF's local staff in charge of clinical supervision ensures regular supply of bins to the network clinics for collecting used needles and other waste generated by IUDs or implant insertion. This approach offers more security to service providers while working, since it reduces the risk of handling such waste before it reaches the clinic incinerator, and it also generally contributes to environmental protection.
4. IEE regulations were recalled to the *Confiance* network providers during ongoing long lasting FP methods training. Guidelines for assuring IEE requirements are met in *Confiance* clinics have also been added to newly revised Quality Assurance checklists to be used by FP staff for partner site visits.
5. Proper disposal of condoms, in a designated garbage can or latrine, is included in all community-based actors' trainings and condom messaging, including IEC and condom packaging.

VI. FP and HIV policy compliance

1. USAID's regulations on delivering FP services and products were the focus of discussions during the series of meetings with FP providers to reiterate the TIAHRT Amendment in view of expected results in their FP service delivery.
2. As part of capacity building on USAID's FP policy, PSI/ASF's teams in charge of FP activities took online courses on regulations concerning the provision of services and contraceptive products in order to ensure better program coordination.

VII. Planned activities versus progress (table)

FY 2012 Workplan for the Advancing Social Marketing for Health in DRC																											
	Activity	People concerned by trips	2011				2012				2013				2014				2015				2016				Comments
			OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	
			W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4	
A	Program Administration																										
A-1	General																										
A-1-1	Meeting with USAID for work plan presentation				X																						Achieved
A-1-2	Reception of year 3 obligated amount from USAID			X																							Achieved
A-1-3	Project's year 3 work plan final version submitted to USAID					X																					Achieved
A-1-4	Project's year 3 budget final version submitted to USAID					X																					Achieved
A-2	Trainings and Conferences																										
A-2-1	International FP Conference / DRC-Dakar / 2 people	1-MCH Director, Albert Chikuru 2- Deputy MCH Director, Gabry Kasongo			X	X																					Achieved
A-2-2	PSIASF Staff Exchange Visit on Social Franchising / DRC-Mali / 1 person	FP Social Franchising Coordinator, Luther Mokanga					X																				Achieved
A-2-3	PSIASF Staff Exchange Visit on PPIUD / DRC-Mali / 3 people	1- Deputy MCH Director, Gabry Kasongo 2- PMSR Director 3- PMSR FP Focal Point								X																	Achieved
A-2-4	PSIASF Staff Exchange Visit on Internal Audit of FP Activities Quality / DRC-Benin / 2 people	1- Deputy MCH Director, Gabry Kasongo 2- FP Quality Assurance Coordinator, Nancy Ntshukisi							X																		Achieved
A-2-5	FP Social Franchising Workshop /DRC-Mombassa/ 1 person	FP Social Franchising Coordinator, Luther Mokanga		X																							Achieved
A-2-6	PSIASF Staff MCH Exchange visit / DRC- Cameroon / 1 person	1- MCH Director, Albert Chikuru								X																	Achieved
A-2-7	ICASA 2011/ DRC-Addis Ababa / 3 people	1- COP, Didier Adjoua 2-M&E Specialist, Godé Mpanya 3-HIV project coordinator Frederic Mwura			X																						Achieved
A-2-8	PSIASF Staff Exchange visits / Cameroon-DRC / 1 person	PSI/Cameroon 100%Jeune Coordinator							X																		Achieved
A-2-9	PSIASF Staff Exchange visits / DRC- Vietnam / 1 person	COP, Didier Adjoua						X																			Cancelled
A-2-10	Management and Leadership Training / DRC - Washington, DC / 1 person	COP, Didier Adjoua									X																Achieved
A-2-11	WCA Regional Financial Training/ DRC-Washington,DC / 1 person	Internal Audit Deputy Director, Tibi Tudibenu									X																Achieved
A-2-12	DELTA Social Marketing Leaders Training / DRC-TBD / 1 person	1- BCC Specialist, Asphy Makuta																									Postponed in Q1 FY13
A-2-13	DELTA Social Marketing capacity building / DRC-Benin / 1 person	BCC Specialist, Asphy Makuta							X	X																	Cancelled
A-2-14	Capacity building for key personnel / DRC- Washington DC	1-COP, Didier Adjoua, 2-Social Marketing and logistics Technical Advisor, Dipoko Degrande						X																			Postponed in Q1 FY13
A-2-15	BCC capacity building for PSIASF's provincial Communication Managers						X																				Achieved
A-2-16	FP capacity building for PSIASF's provincial Clinics Network Managers						X	X																			Achieved
A-2-17	Sales capacity building for PSIASF's provincial Sales Managers					X																					Achieved
A-2-18	M&E capacity building for PSIASF's provincial M & E Managers					X																					Achieved
A-2-19	Administration and Finance capacity building for PSIASF's provincial Administration and Finance Coordinators										X																Achieved
A-3	Procurement/Equipment																										
A-3-1	Advertise tenders PPIUD training materials (2 PPIUD manuals and 2 PPIUD kits) to implement PPIUD service delivery in five new clinics				X																						Achieved
A-3-2	Analyze and select suppliers, and purchase equipments						X	X																			Achieved
A-4	Technical Assistance Travel																										
A-4-1	Program management supervision trip / Washington DC-DRC	PSI/WCA Deputy Regional Director, Jim Malster																							X		Achieved
A-4-2	FP Technical Assistance trip / Washington - DRC / 1 person	PSI/W Family Planning Technical Advisor, Maxine Eber																							X		Achieved
A-4-3	FP PPIUD Trainer trip / Washington -DRC / 2 people	TBD									X	X															Achieved
A-4-4	MCH/Watsan Technical Assistance trip / Nairobi -DRC / 1 person	PSI/Kenya MCH/Watsan Technical Advisor, Yves Cyaka						X																			Achieved
A-4-5	HIV Technical Assistance trip / Cameroon - DRC / 1 person	PSI/Cameroon, HIV Director, Annie Michele Mvogo				X	X	X	X	X																	Achieved
A-4-6	QED's project mid-term and M&E system evaluation trip / Washington DC - DRC / 2 people	Swedberg and Speyer, QED								X	X	X															Achieved

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C		TASK 2: Increase awareness of and demand for health products and services to emphasize prevention of childhood illnesses, unintended and unsafe pregnancies, HIV infection and STIs, and to build an informed, sustainable consumer base.																										
C-1	Cross-Cutting Activities																											
C-1-1	Share in special events (International Women's Day, World Population Day, Kinshasa's Fair 2012, World AIDS Day, etc) with target population	X																										X Achieved
C-1-2	Duplicate the different communication materials produced during the life of the project on CDs and DVDs, and distribute them to USAID partners, implementing partners and GDRC for dissemination during their communication activities																											Achieved
C-2	HIV/AIDS/STI Activities																											
C-2-1	Media Communication and Supports' Development																											
C-2-1-1	Pretest communication materials (TV, radio spots and prints) for Prudence male and female condoms																											Achieved
C-2-1-2	Produce and distribute branded printed communication materials to support Prudence male and female condoms' mass media campaigns																											Achieved
C-2-1-3	Air radio and TV spots																											Achieved
C-2-1-4	Develop and produce promotional materials to support behavior change communication messages targeting uniformed personnel (T-shirts and caps)																											Achieved
C-2-1-5	Develop and produce flipchart for uniformed personnel, commercial sex workers and MSM																											Achieved
C-2-1-6	Develop and produce a short film for truckers to be screened outdoors (parkings)																											Cancelled
C-2-1-7	Translate in local languages existing short films (from PSI Côte d'Ivoire) targeting commercial sex workers																											Achieved
C-2-1-8	Air short films targeting commercial sex workers																											Achieved
C-2-1-9	Produce and place billboards on Kinshasa's main roads and on roads leading to provinces (city of Kinshasa, Kinshasa-Matadi axis, Lubumbashi-Kasumbalese axis, Bukavu-Uvira axis, Mbuji Mayi, Kananga)																											Achieved
C-2-2	100% Jeune																											
C-2-2-1	Launch 100% Jeune magazine																											Achieved
C-2-2-2	Produce and distribute the magazine every 2 months																											Ongoing
C-2-2-3	Promote each 100% Jeune magazine issue with a small event																											Achieved
C-2-2-4	Insert 100% Jeune communication messages in existing TV/radio programs on a monthly basis																											Achieved
C-2-2-5	Produce new 100% Jeune TV and radio spots																											Achieved
C-2-2-6	Air new 100% Jeune TV and radio spots																											Achieved
C-2-2-7	Develop and produce podcasts																											Achieved
C-2-2-8	Work with existing youth clubs in provinces to promote HIV messages during their monthly meetings (Kinshasa, Katanga and Sud-Kivu)																											Achieved
C-2-2-9	Organize 100% Jeune special events (1 soccer tournament, 1 health walk and 1 HIV prevention concert...)																											Achieved
C-2-3	Interpersonal Communication																											
C-2-3-1	Sign contracts with 9 NGOs selected during Year 2 for the implementation of IPC activities by peer educators (PEs)																											Achieved
C-2-3-2	Continue awareness campaign activities through IPC with NGOs already collaborating with PSI/ASF																											Achieved
C-2-3-3	Select new PEs in collaboration with new NGOs, PNMLS and PNLs																											Achieved
C-2-3-4	Identify persons to be trained as PEs' trainers, in collaboration with government partners																											Achieved
C-2-3-5	Update refresher and training modules for PEs																											Achieved
C-2-3-6	Provide the training of PEs' trainers in Kinshasa																											Achieved
C-2-3-7	Retrain the 200 existing PEs who will work with target groups (youth, CSW, uniformed personnel and MSM)																											Achieved
C-2-3-8	Train the 300 new PEs who will work with target groups (youth, CSW, uniformed personnel, MSM, truckers and PLW/HAs)																											Achieved
C-2-3-9	Conduct peer counseling sessions (IPC) and mass outreach sessions (MIVU, etc)																											Achieved
C-2-3-10	Refer target groups to existing counseling and testing centers in the different provinces, and organize regular meetings with these centers for reference and counter reference follow-up																											Achieved
C-3	Family Planning Activities																											
C-3-1	Promotion/Communication																											
C-3-1-1	Revise existing flipchart to incorporate new modern contraceptive methods																											Ongoing
C-3-1-2	Produce new flipchart to be distributed to clinics providers and community-based educators (CBEs)																											Ongoing
C-3-1-3	Develop and produce radio programs to leverage users testimonials and correct false beliefs																											Achieved
C-3-1-4	Broadcast radio programs																											Achieved
C-3-1-5	Develop promotional materials (leaflets, wall calendars, posters, wall prints, signposts, lab coats)																											Achieved
C-3-1-6	Produce developed promotional materials																											Achieved
C-3-1-7	Air existing branded and generic TV spots																											Achieved
C-3-1-8	Conduct interpersonal communication and community mobilization by CBEs																											Achieved
C-3-1-9	Ensure availability of two FP hotlines (Ligne verte)																											Achieved
C-3-2	Training/Capacity Building/Meeting																											
C-3-2-1	Hold quarterly meetings with clinics																											Achieved
C-3-2-2	Hold quarterly meetings with clinics																											Achieved
C-3-2-3	Train PPIUD trainers																											Achieved
C-3-2-4	Train the staff of new Confidence network PPIUD clinics																											Achieved
C-3-2-5	Retrain existing Confidence network clinics providers																											Achieved
C-3-2-6	Hold provincial workshops with Confidence network clinics managers for reviewing managerial challenges during FP implementation																											Achieved
C-3-2-7	Update FP supervision check list and identify reference sites for adverse event management																											Achieved

IX. Annexes

IX.1- Project indicators

Annex A: Product Distribution Targets

Annexe A: Product Distribution Targets						
	PRODUCTS	ANNEE				TOTAL
		1	2	3	4	
HIV	Male Condoms	20 000 000	25 000 000	34 000 000	32 000 000	111 000 000
	Female Condoms	500 000	700 000	1 100 000	1 200 000	3 500 000
FP	Oral Contraceptives	700 000	1 000 000	1 200 000	1 500 000	4 400 000
	Depo-Provera (3 -month)	100 000	200 000	200 000	250 000	750 000
	IUD	2 000	2 500	2 750	3 000	10 250
	Cycle Beads	4 000	6 000	6 000	6 200	22 200
	Implants	500	800	2 500	2 500	6 300
MCH/WS	Clean Delivery Kits	20 000	30 000	0	0	50 000
	ORS+Zinc Diarrhea Treatment Kit	0	0	1 000	699 000	700 000
	PUR	1 000 000	2 000 000	2 000 000	2 000 000	7 000 000
	Aquatabs	1 150 000	2 000 000	2 000 000	2 100 000	7 250 000

Annex B: Annual Performance Milestones

INDICATORS		YEAR 1	YEAR 2	YEAR 3	YEAR 4	TOTAL	Comments/Assumptions
Task 1: Increase supply and diversity of health services and products							
1	Number of male condoms distributed through the USG funded social marketing programs	20 000 000	25 000 000	34 000 000	32 000 000	111 000 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
2	Number of female condoms distributed through the USG funded social marketing programs	500 000	700 000	1 100 000	1 200 000	3 500 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and previous project achievements.
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	33 000 000	60 000 000	60 000 000	62 000 000	215 000 000	Based on quantities planned. Year 1 target is based on previous project last year achievement. Year 2, 3 and 4 targets have been updated, based on year 1 achievements. Concurrent interventions of other NGOs in same health zones are anticipated to decrease targets in year 3 and 4. Expected results are based on other donors supplying products. year 3 and 4 targets cannot be increased, as cholera outbreaks are not included in the calculation as they cannot be planned.
4	Number of Diarrhea Treatment Kits containing 2 low-osmolarity flavored ORS sachets plus a 10-blister pack of zinc distributed through the USG funded social marketing programs	0	0	1 000	699 000	700 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change, estimated risks occasions) and similar project achievements in other PSI countries. Numbers have been revised, based on pending waiver approval. The distribution may start in September 2012.
5	Number of clean delivery kits distributed through the USG funded social marketing programs	20 000	30 000	0	0	50 000	Based on quantities planned. Based on Hope Consulting's assessment, transfer of CDK's distribution and promotion to a private company is not feasible.
6	Number of cycles of oral contraceptives distributed through the USG funded social marketing programs	700 000	1 000 000	1 200 000	1 500 000	4 400 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	100 000	200 000	200 000	250 000	750 000	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements.

8	Number of IUDs distributed through the USG funded social marketing programs	2 000	2 500	2 750	3 000	10 250	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements.
9	Number of cyclebeads distributed through the USG funded social marketing programs	4 000	6 000	6 000	6 200	22 200	Based on universe of needs calculation (including baseline percentage of targeted people using the product, estimated impact of the project on product used-related behavior change) and previous project achievements. Year 2 target has been updated, based on year 1 achievements.
10	Number of implants distributed through the USG funded social marketing programs	0	1 300	2 500	2 500	6 300	Based on universe of needs calculation (including estimated impact of the project on product used-related behavior change). Year 2 target has been updated, as there was no distribution in year 2 due to registration issue. Year 3 and 4 targets have been updated, based on year 2 achievement.
11	Couple-years of protection (CYP) in USG-supported programs	103 607	140 217	160 375	195 200	599 399	Based on year 1 and 2 achievements, and expected family planning products availability, year 3 and 4 targets have been increased.
Task 2: Increase the awareness of and demand for health products and services							
12	Number of people reached during HIV/AIDS activities who are oriented to a VCT site	0	4 364	11 252	11 617	27 233	National reference is 11% for this activity (DHS 2007). Project efforts will increase this target to 30% of people reached during AB and OP promotion.
13	Number of individuals reached with individuals/small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	0	17 717	23 442	21 437	62 596	Year 3 targets are based on previous project achievements, and number of trained field actors to conduct sensitization sessions. Targets are related to available budget.
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	0	14 286	19 666	17 286	51 237	Year 3 targets are based on previous project achievements, and numbers of trained field actors to conduct sensitization sessions. Targets are related to available budget.
15	Number of targeted condom service outlets	1 800	6 000	7 152	7 152	7 152	Previous project achievement was 1,500 condom service outlets. Targets are based on the extension planning of condom service outlets network in Health Zones. Years 3 and 4 targets have been updated, based on year 2 achievements. Cumulative indicator.
16	Number of individuals participated in community-wide event focused on HIV/AIDS	0	200 000	340 000	400 000	940 000	Year 3 targets are based on previous project achievements. Yearly progression is anticipated. Targets are related to available budget.

17	Number of media outlets including HIV/AIDS messages in their programs	0	48	36	15	48	Based on budget available. Each TV and radio station used for message airing is considered as one media outlet, and is counted only once. Year 3 indicator has been increased from 20 to 36. Cumulative indicator.
18	Number of media broadcasts that promote responsible sexual behavior	0	20 160	12 980	1 350	34 490	Based on year 3 budget available. Year 3 indicator has been increased from 1,800 to 2,880.
19	Number of peer educators who successfully completed an in-service training program	0	300	365	0	665	Based on budget available.
20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	0	199	5	0	204	5 new clinics will be integrated in <i>Confiance</i> network for PPIUD pilot project in year 3, resulting in an increase of year 3 target from 0 to 5.
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (depo provera)	100	68	45	45	45	Contingent upon consistent product supply from the donor.
22	Number of people reached during outreach activities promoting the use of water purifier products	50 000	300 000	250 000	200 000	800 000	No change of year 3 target.
23	Number of people reached during outreach activities promoting the use of ORS sachets to treat diarrhea	0	0	500	125 000	125 500	Year 3 target has been significantly decreased from 100,000 to 500 as communication activities are awaiting waiver approval from USAID. The time necessary to purchase and ship ORS to Congo will allow less than one-month for distribution in Yr 3 (September 2012).
24	Number of service delivery points social marketing delivery kits	200	400	0	0	400	No change of year 3 target. Non cumulative indicator.
25	Percentage of service delivery points reporting stock out of water purifier at any time	40%	30%	20%	15%	15%	Based on anticipated project efforts. In year 1, wholesalers were considered as service delivery points. For year 2, 3 and 4, the indicator is corrected: service delivery points are retailers. No change.
26	Percentage of service delivery points reporting stockouts of ORS/zinc tablets at any time	—	—	—	60%	60%	As the distribution of the product is expected to start in September 2012, it will not be possible to assess this indicator in year 3.
Task 3: Develop and/or enhance the ability of commercial/private sector entities to social market health products and services including behavior change communication activities							
27	Number of socially marketed health products or services transitioned to the private sector	0	0	0	0	0	Based on Hope Consulting's assessment, transfer of CDK's distribution and promotion to a private company is not feasible. Thus, the indicator for year 3 has been zeroed out.
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	0	10	10	0	20	Year 3 and 4 targets have been cumulated in year 3.
Task 4: Integrate service delivery and other activities, emphasizing prevention, at national, provincial, district, facility, and community level through joint planning with GDRC, other USG and non-USG partners							
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	60	93	110	110	373	Based on budget available, and past experience in coordination. No change in year 3 target.

IX.2- Achievement of Project Indicators up to Year 3

Task 1 Indicators: Situation as of end of FY12

	INDICATORS ²	Year 1 Targets	Year 2 Targets	Year 3 Targets	Year 1, 2 and 3 Targets	Achievement (numbers)	Achievement (%)
1	Number of male condoms distributed through the USG funded social marketing programs	20,000,000	25,000,000	34,000,000	79,000,000	80,530,382	101.93
2	Number of female condoms distributed through the USG funded social marketing programs	500,000	700,000	1,100,000	2,379,000	2,777,406	116.74
3	Liters of water disinfected with point of use home water treatment solution to the USG funded social marketing programs	33,000,000	60,000,000	60,000,000	153,000,000	396,631,210	259.23
5	Number of clean delivery kits distributed through the USG funded social marketing programs	20,000	30,000	0	50,000	48,594	97.18
6-1	Number of cycles of oral contraceptives (COC) distributed through the USG funded social marketing programs	600,000	850,000	1,020,000	2,470,000	2,187,767	88.57
6-2	Number of cycles of oral contraceptives (POP) distributed through the USG funded social marketing programs	100,000	150,000	180,000	430,000	9,952	2.31
7	Number of injectable contraceptives distributed through the USG funded social marketing programs	100,000	200,000	200,000	500,000	562,073	112.41
8	Number of IUDs distributed through the USG funded social marketing programs	2,000	2,500	2,750	7,250	8,293	114.38
9	Number of Cycle Beads distributed through the USG funded social marketing programs	4,000	6,000	6,000	16,000	26,731	167.06
10	Number of implants distributed through the USG funded social marketing programs	0	1,300	2,500	3,800	5,323	140.07
11	Couple-years of protection (CYP) in USG-supported programs	88,867	145,107	164,150	398,124	398,870	100.18

Task 2 Indicators: Situation as of end of FY12

	INDICATORS	Year 1 Targets	Year 2 Targets	Year 3 Targets	Year 1, 2 and 3 Targets	Achievement (numbers)	Achievement (%)
12	Number of people reached during HIV/AIDS activities who are oriented to VCT site	0	4,364	11,252	15,616	50,450	323.06
13	Number of individuals reached with individual and/or small group preventive interventions primarily focused on abstinence and/or being faithful that are based on evidence and/or meet the minimum standards	0	17,717	23,442	41,159	38,916	94.55
14	Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	0	14,286	19,666	33,952	68,129	200.66
15	Number of targeted condom service outlets	1800	6,000	7,152	7,152	7,152	100

² Any missing indicator in the table has no target to be reported for year 2 project.

16	Number of individuals who participated in communitywide event focused on HIV/AIDS	0	200,000	340,000	540,000	610,895	113.12
17	Number of media outlets including HIV/AIDS messages in their program	0	48	39	39	42	107.69
18	Number of media broadcasts that promote responsible sexual behavior	0	20,160	12,980	33,140	31,184	94.09
19	Number of peer educators who successfully completed an in-service training program	0	300	365	665	665	100
20	Number of FP service delivery points (pharmacies and clinics) added to the <i>Confiance</i> FP network with USG assistance	0	199	5	204	204	100
21	Number of USG-assisted service delivery points experiencing stock-outs of specific tracer drugs (Depo provera)	100	68	45	45	0	100
22	Numbers of people reached during outreach activities promoting the use of water purifier products	50,000	300,000	250,000	600,000	1,121,102	186.85
24	Numbers of service delivery points for social marketing delivery kits	200	400	0	400	400	100
25	Percentage of delivery points reporting stock-out of water purifier at any time	40%	30%	20%	20%	0	100

Task 3 Indicators: Situation as of end of FY12

	INDICATORS	<i>Year 1 Targets</i>	<i>Year 2 Targets</i>	<i>Year 3 Targets</i>	<i>Year 1, 2 and 3 Targets</i>	<i>Achievement (numbers)</i>	<i>Achievement (%)</i>
28	Number of trained/refreshed private sector distributors, NGOs, associations and community health workers trained in social marketing and/or BCC techniques	0	10	10	20	20	100

Task 4 Indicator: Situation as of end of FY12

	INDICATORS	<i>Year 1 Targets</i>	<i>Year 2 Targets</i>	<i>Year 3 Targets</i>	<i>Year 1, 2 and 3 Targets</i>	<i>Achievement (numbers)</i>	<i>Achievement (%)</i>
29	Number of external technical/coordination meetings attended at national/provincial/district levels with stakeholders	60	93	110	263	312	118.63

IX.3- Inventory on hand: stock

The table below highlights PSI/ASF's current stock levels for each product in each targeted province of the project.

Provinces	HIV Products		FP Products						MCH Products	WatSan Products	
	Prudence Male	Prudence Female	Combi 3	POP	Injectable	IUD	Cycle Beads	Jadelle	DELIVRANS	PUR	AQUATABS
KINSHASA	51 383 905	9 143	1 731 954	0	191 835	2 947	82 262	673	0	2 682 588	74 552
KATANGA	99 735	40 784	75 156	0	6 310	148	500	100	572	257 112	3 840
BAS CONGO	442 305	120	292	0	10 800	37	0	52	220	92 640	178 400
SUD KIVU/NORD KIVU	1 024 551	3 256	41 470	0	5 608	101	155	369	421	206 124	72 320
PROVINCE ORIENTALE	506 250	6 818	11 640	0	910	20	500	300	166	200 160	2 136
EQUATEUR	278 370	5 800	43 800	0	7 358	82	480	0	121	111 558	35 560
KASAI OCCIDENTAL	1 116 504	0	29 300	0	10 480	60	480	370	260	40 720	44 480
KASAI ORIENTAL	814 230	0	22 645	0	12 942	166	220	50	0	2 880	0
TOTAL	55 665 850	65 921	1 956 257	0	246 243	3 561	84 597	1 914	1 760	3 593 782	411 288

IX.4- List of Acronyms

AIDS	: Acquired Immune Deficiency Syndrome
AMM	: Autorisation de Mise sur le Marché
ASF	: Association de Santé Familiale
BCC	: Behavior Change Communication
CBDA	: Community-Based Distribution Agent
CBE	: Community-Based Educator
CCP	: Comprehensive Condom Programming
CDK	: Clean Delivery Kit
CILC	: Comité Intersectoriel de Lutte contre le Cholera
CNAEA	: Comité National d'Action Eau et Assainissement
COC	: Combined Oral Contraceptive
COP	: Chief of Party
COTR	: Contracting Officer's Technical Representative
CR	: Country Representative
CSW	: Commercial Sex Worker
CYP	: Couple Years of Protection
DHS	: Demographic and Health Survey
DTK	: Diarrhea Treatment Kit
DRC	: Democratic Republic of Congo
FH	: Food for the Hungry
FMCG	: Fast Moving Consumer Goods
FP	: Family Planning
FY	: Fiscal Year
GDRC	: Government of DRC
HIV	: Human Immune deficiency Virus
IEC	: Information, Education and Communication
IPC	: Interpersonal Communication
IUD	: Intra Uterine Device
MAP	: Mesure de l'Accès et de la Performance
MCH	: Maternal and Child Health
MCSD	: Marketing, Communication and Sales Department
MoH	: Ministry of Health
MSM	: Men having Sex with Men
MVU	: Mobile Video Unit
No	: Number
NGO	: Non-Governmental Organization
OC	: Oral Contraceptive
OFOG	: Overseas Financial Operations Group
ORS	: Oral Rehydration Solution
P&G	: Procter and Gamble
PEC-D	: Prise en Charge Correcte de la Diarrhée
PEPFAR	: (US) President's Emergency Plan for AIDS Relief
PLWHA	: People Living With HIV/AIDS
PMTCT	: Prevention of Mother To Child Transmission
PMEP	: Performance Monitoring and Evaluation Plan
PNLMD	: Programme National de Lutte contre les Maladies Diarrhéiques
PNLS	: Programme National de Lutte contre le Sida
PNMLS	: Programme National Multisectoriel de Lutte contre le Sida

PNSA	: Programme National de la Santé des Adolescents
PNSR	: Programme National de Santé de la Reproduction
POP	: Progestin-Only Pill
POU	: Point of Use
PPIUD	: Postpartum Intra Uterine Device
ProVIC	: Projet de lute contre le VIH Intégré au Congo
PSI	: Population Services International
Q	: Quarter
RH	: Reproductive Health
SCOGO	: Société COngolaise de Gynéco-Obstétrique
SI	: Social Impact
STIs	: Sexually Transmitted Infections
STTA	: Short Term Technical Assistance
TRaC	: Tracking Results Continuously
TV	: Television
UNICEF	: United Nations Children's Fund
UNFPA	: United Nations Population Fund
USAID	: United States Agency for International Development
USG	: United States Government
VCT	: Voluntary Counseling and Testing
W	: Week
WATSAN	: Water and Sanitation
WCA	: West and Central Africa